

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



December 9, 1974

ALL-COUNTY LETTER NO. 74-247

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: \$4.00 "Pass-On" Allowance Under the Former Adult Aids

REFERENCE:

Section 306 of P.L. 92-603 (HR-1), enacted in October 1972, provided a \$4.00 "pass-on" of Social Security benefits received by adult aid recipients.

In California, Chapter 1022, Statutes of 1972 was enacted to provide a general grant increase of \$12.00 a month to adult aid recipients in October 1972. Through this general grant increase, along with the December 1972 cost-of-living increase, the state accomplished compliance with the above section of federal law for all persons receiving assistance under the former adult aid categories, except for those recipients with Social Security Benefits in nonmedical out-of-home care facilities.

To correct this situation and provide for full compliance with federal law, the Department of Benefit Payments is now taking steps to issue retroactive payments to those adult aid recipients who resided in nonmedical out-of-home care facilities and received Social Security benefits during the months of October and November 1972.

The retroactive payments will be accomplished as follows:

1. A general information notice and a recipient claim form (copy of each attached) have been sent to all current Title XVI recipients with the December 1974 Medi-Cal I.D. Cards.
2. Those adult aid recipients who believe they are eligible for the \$4.00 "pass-on" are to complete and return the claim form to the Department of Benefit Payments by January 1, 1975.

OBSOLETESuperseded by ACL # 77-15

3. The Department of Benefit Payments will process the claims for payment, issuing the retroactive payment to eligible recipients by March 1, 1975.
4. The Department will advise counties of their individual share of costs of payments made to ATD recipients.

Questions concerning this letter may be directed to the Adult Program Management Branch at (916) 445-0813.

Sincerely,



DENNIS O. FLATT
Deputy Director

cc: CWDA

Attachments

3120310

NOTICE:

(10/7)

If, during the months of October and November 1972, you resided in a nonmedical board-and-care facility (not your own home) AND received both public assistance (OAS, ATD or AB) and Social Security checks, you may be eligible for a retroactive payment of \$4.00 for each of the two months.

A change in Federal law which became effective October 1, 1972, provided a \$4.00 "pass-on" of the Social Security cash benefit received by adult aid recipients. This meant that such recipients were to receive increased benefits of \$4.00 for October and November 1972.

The \$4.00 "pass-on" requirement was accomplished in California by the enactment of Chapter 1022, Statutes of 1972 which provided a general grant increase to adult aid recipients in October 1972. It has since been determined, however, that adult recipients with Social Security income in nonmedical care facilities did not receive the benefit of the \$4.00 "pass-on" for the months of October and November 1972. The State, therefore, is now processing claims for those persons who were entitled to, but did not receive this \$4.00 "pass-on" for those two months.

IF YOU BELIEVE YOU ARE ELIGIBLE FOR THIS ADDITIONAL BENEFIT, complete the enclosed card, and mail it to the Department of Benefit Payments at 744 P Street, Sacramento, California, 95814, **BY NO LATER THAN JANUARY 1, 1975.**

Si durante los meses de Octubre y Noviembre 1972, Usted residio en casa de huespede - y - cuidado no de caracter medico (pero no en su propia casa) y recibio asistencia publica (OAS, ATD O AB) y cheques del Seguro Social, Usted puede ser eligible a pagos retroactivos de \$4.00 para cada de esos meses.

Un cambio de ley Federal que fue efectiva en Octubre 1, 1972 "cedio" \$4.00 de los beneficios de dinero de Seguro Social recibidos por recipientes de ayuda para adultos. Esto quiere decir que \$4.00 del cheque del Seguro Social no se debe de considerar en el calculo del cheque de asistencia publica en los meses de octubre y noviembre 1972.

El requisito de "ceder" \$4.00 fue llevado a cabo en California con el acto del Capitol 1022, Reglamentos de 1972, que dan un ingreso general al cheque de recipientes adultos en Octubre 1972, y ingreso para costo-de-vida en Diciembre 1973. Sin embargo, se a determinado que recipientes adultos con Seguro Social en casa de huespedes - y - cuidado - no de caracter medico, no recibieron los beneficios de \$4.00 "cedidos" para los meses de Octubre y Noviembre 1972. Por eso, el estado empeno a procesar reclamos para esas personas que tenian derecho, pero no recibieron los \$4.00 cedidos para esos dos meses.

SI USTED PIENSA SER ELIGIBLE PARA ESTOS BENEFICIOS ADICIONALES, llene la cartita aqui incluida, y mandela por correo al Department of Benefit Payments en 744 P Street, Sacramento, California 95814 para o antes de Enero 1, 1975.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF BENEFIT PAYMENTS

CLAIM FOR \$4.00 "PASS-ON" ALLOWANCE

1. I was in a nonmedical board and care facility in: **October 1972** Yes ☐ No ☐ **November 1972** Yes ☐ No ☐

2. The name and address of the facility was: _____

3. I entered this facility from the county of: _____

4. My Public Assistance was based on: Aged (OAS) ☐ Disabled (ATD) ☐ Blind (AB) ☐

5. I was receiving a Social Security check in the approximate amount of \$ _____ for each of these 2 months.

6. SOCIAL SECURITY NUMBER	WELFARE CASE NUMBER	DATE OF BIRTH

7. My Name and present Address is:

Name _____ Address _____
City _____ State _____ Zip _____

8. I hereby certify under the penalties of perjury that all statements herein are true and correct.

Signature _____

Date _____

Note: If you have any questions on this form or need help in completing it, contact your local county welfare department.
COMPLETE THIS SELF-ADDRESSED CARD AND RETURN BY JANUARY 1, 1975.

OFFICE USE ONLY:			CLAIM VERIFIED AND PAYMENT AUTHORIZED	
FEDERAL	OCT	NOV	PAGE	NAME
NONFED.			LINE	DATE